

#16

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

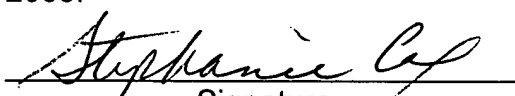
Applicants: Clifton A. Alferness et al.
Title: CONSTRICTION DEVICE VIEWABLE UNDER X-RAY
FLUOROSCOPY
Serial No.: 09/901,764
Filing Date: July 10, 2001
Examiner/Unit: Jonathan ML Foreman/ 3736
Attorney Docket No.: 1759-12

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this communication, and any document being attached hereto,

- ☒ is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail addressed to: Commissioner for Patents, Washington, D.C. 20231
- ☐ is being transmitted via facsimile to _____

on this 8th day of January, 2003.


Signature

SUBMISSION OF FORMAL DRAWINGS

Attn: OFFICIAL DRAFTSMAN
TO THE COMMISSIONER FOR PATENTS:
Dear Sir:

In response to the Office Action mailed December 4, 2002, requesting formal drawings for the above identified application, Applicant hereby submits the enclosed drawings, FIGS. 1-14, including corrected FIG. 4, for approval and entry.

Please contact Applicant's attorney at the phone number shown below if there are any questions concerning the enclosed formal drawings.

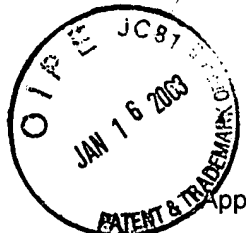
Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

A handwritten signature in black ink, reading "Fred Kaseburg", written over a horizontal line.

Frederick A. Kaseburg
Attorney for Applicant
Registration No. 47,695
155-108th Avenue N.E., Ste 350
Bellevue, WA 98004-5901
(425) 455-5575

3736



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TRANSMITTAL LETTER

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

_____ The fee has been calculated as shown below:

X No additional claim fee is required.

Computation of Fee
For Claims as Amended

	Claims Remaining After Amendment	Highest Number Previously Paid for	Present Extra	Rate	Addl. Fee
Total Claims	Minus	=	0 x	\$18/\$9 =	\$-0-
Independent Claims	Minus	=	x	\$84/\$42 =	\$-0-
Total additional fee for this amendment					\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

 X Submission of Formal Drawings with 5 sheets of drawings.

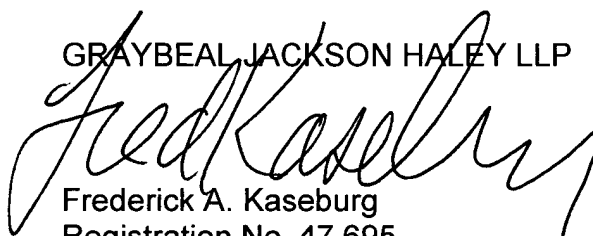
 Check No. in the amount of \$ for the additional claim fee is enclosed.

 Charge \$ to Deposit Account No. . A copy of this sheet is enclosed.

 XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



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